

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725725 (6)

1. Corporation Name

LEISURE LAKE CIRCLE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

200 LEISURE LAKE CIRCLE
BOYNTON BEACH FL 33426

Mailing Address

200 LEISURE LAKE CIRCLE
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1973

3a. Date of Last Report
09/26/1994

4. FEI Number
59-1585178

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, ISABEL J
100 LEISURE LAKE CIRCLE
BOYNTON BEACH, FL
BOYNTON BEACH, FL 33426

FRENCH DOUGLAS J
200 LEISURE LAKE CIRCLE
BOYNTON BEACH, FL
BOYNTON BEACH, FL 33426

81 Name MR. DOUGLAS J. FRENCH

82 Street Address (P.O. Box Number is Not Acceptable)
200 LEISURE LAKE CIRCLE #107

83 LEISUREVILLE

84 City BOYNTON BEACH FL 85 Zip Code 33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ROBERTS, ISABEL J
STREET ADDRESS	100 LEISURE LAKE CIR 104
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	TD
NAME	ADAMS, FRANCIS M
STREET ADDRESS	301 LEISURE LAKE CIRCLE 103
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D
NAME	PRITCHARD, T.
STREET ADDRESS	100 LEISURE LAKE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 00000
TITLE	SD
NAME	WILLMS, GERTRUDE
STREET ADDRESS	301 LEISURE LAKE CIR 102
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D
NAME	COTTON, A.
STREET ADDRESS	101 LEISURE LAKE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D
NAME	MATTINGLY, GEORGE
STREET ADDRESS	200 LEISURE LK CIR
CITY-ST-ZIP	BOYNTON BEACH FL

1.1 TITLE	PRESIDENT/TREASURER PT	☒ Change ☒ Addition
1.2 NAME	FRENCH, DOUGLAS J.	
1.3 STREET ADDRESS	200 LEISURE LAKE CIRCLE #107	
1.4 CITY-ST-ZIP	BOYNTON BEACH FL	
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	ADAMS, FRANCIS M	
2.3 STREET ADDRESS	301 LEISURE LAKE CIRCLE #103	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☒ Addition
4.2 NAME	MILDRED O'BRIEN	
4.3 STREET ADDRESS	201 LEISURE LAKE CIRCLE #110	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	SAME	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

D. J. FRENCH
PRESIDENT

2/8/95

364.5889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Fee \$